## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000027436

Entity Name: KINGRUSTER TOURNAMENTS

JACKSONVILLE, FL 32246

City-St-Zip:

FILED Apr 24, 2006 Secretary of State

Entity Nar	me: KINGBL	STER TOURNAMENTS, INC	Ο.			
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
13051 BEA STE 300 JACKSON	ACH BLVD VILLE, FL 32	246				
Current Mailing Address:			New Mailii	New Mailing Address:		
13051 BEA STE300 JACKSON	ACH BLVD VILLE, FL 32	246				
FEI Number:	75-3107682	FEI Number Applied For ( )	FEI Number Not Appli	icable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and	Address of	New Registered Agent:	
COMBS, R 13051 BEA STE 300 JACKSON		246 US				
	named entity e of Florida.	submits this statement for th	e purpose of changing it	s registered	office or registered agent, or both,	
SIGNATUR						
Election Car		onic Signature of Registered	Agent		Date	
		ng Trust Fund Contribution ( ).	ADDITION	S (OLIANIAE)	. TO OFFICERS AND DIRECTOR	
OFFICERS	S AND DIRE	STORS:	ADDITION	S/CHANGES	S TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	COMBS, DON	BLVD., SUITE 300	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	KIRBY, CLAY 13051 BEACH	X) Delete TON I BLVD., SUITE 300 LE, FL 32246	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	COMBS, ROG	BLVD., SUITE 300	Title: Name: Address: City-St-Zip:	COMBS, ROG	I BLVD., SUITE 300	
Title: Name: Address:	WOLF, ERES	) Delete I BLVD., SUITE 300	Title: Name: Address:	WOLF, EREZ	K) Change()Addition I BLVD., SUITE 300	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ROGER L COMBS D 04/24/2006

JACKSONVILLE, FL 32246